

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		/				
4		/				
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49						
50						
Total	4					
Total	21					
Total	25					
Depend						
Claims						

May be used for additional claims or amendments

	Indep.		Depend.		Indep.		Depend.	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.		
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